

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION**

FILED BY  D.C.

05 JUN 22 PM 12:00

ROBERT R. DI TROLLO
CLERK, U.S. DIST. CT.
W.D. OF TN, MEMPHIS

UNITED STATES OF AMERICA

Plaintiff,

VS

JERRY BARNES

Defendant(s)

CR. NO. 89-20025-M1

ORDER ON CHANGE OF RESTITUTION VICTIM

On September 22, 1989, the defendant in this case, Jerry Barnes, was sentenced to a term of thirty (30) months incarceration as to Count 1 and placed on three (3) years of Probation as to Counts 3, 5-11, 13-16 and 18.

In the judgment, signed by United States District Judge Jerome Turner on November 15, 1989, the defendant was ordered to pay restitution to victims in the total amount of \$16,950.00 (see Exhibit A).¹ One of those victims was Mitchell Lopp. The amount of ordered restitution to be paid to Mr. Lopp was \$750.00 (see Exhibit B).²

On January 18, 2005, a check in the amount of \$500.00 was mailed to Mitchell Lopp (see Exhibit C) as part of restitution.³ Mitchell Lopp is

¹ Exhibit A: Copy of judgement in criminal case 2:89cr20025-1.

² Exhibit B: Print-out of payment history as to case 2:89cr20025-1.

³ Exhibit C: Copy of check #00176942 from U.S. Treasury dated 1/18/05.

now deceased (see exhibit D).⁴ Mitchell Lopp's wife, Mamie Lopp, is requesting that payment of restitution be changed to reflect the restitution amount being paid to her instead of her deceased spouse (see exhibit E).⁵

It is hereby ordered that the restitution victim in this case be changed from Mitchell Lopp to Mamie Lopp, 343 Waterloo Road, Lawrenceburg, TN 38464 and that the \$750.00 in restitution be paid to her instead of Mitchell Lopp.

IT IS SO ORDERED this the 21 day of June, 2005.



JON PHIPPS McCALLA
UNITED STATES DISTRICT JUDGE

⁴ Exhibit D: Copy of death certificate of Mithcell Lopp with attached letter from Mamie Lopp.

⁵ Exhibit E: Letter from Mamie Lopp with certified copy of death certificate of Mitchell Lopp.

United States District Court

Western

DISTRICT OF

Tennessee

EXHIBIT**A**

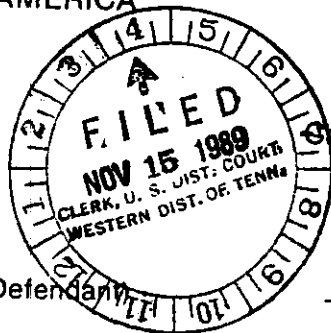
UNITED STATES OF AMERICA

v.

Jerry Barnes

JUDGMENT IN A CRIMINAL CASE

Case Number: 89-20025-01-TU



(Name and Address of Defendant)

Greg Keenum, retained

Attorney for Defendant

THE DEFENDANT ENTERED A PLEA OF:

☒ guilty ☐ nolo contendere] as to count(s) 1, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18, and
☐ not guilty as to count(s) _____

THERE WAS A:

☒ finding ☐ verdict] of guilty as to count(s) 1, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18

is document entered on docket sheet in compliance with Rule 55 and/or
 32(b) FRCP on NOV 15 1989

THERE WAS A:

☐ finding ☐ verdict] of not guilty as to count(s) _____

☐ judgment of acquittal as to count(s) _____

The defendant is acquitted and discharged as to this/these count(s).

THE DEFENDANT IS CONVICTED OF THE OFFENSE(S) OF:

unlawful use of mails in devising and intending to devise a scheme and artifice to defraud buyers and transferees of used motor vehicles; in violation of Title 18, U.S.C. §§1341 and 2, as charged in counts 1, 5, 7, 9, 11, 14 and 16 of the indictment, and of making false statements by certifying false odometer readings; in violation of Title 15, U.S.C. §§1988(b) and 1990(c) as charged in counts 3, 6, 8, 10, 13, 15 and 18 of the indictment.

IT IS THE JUDGMENT OF THIS COURT THAT:

the defendant is sentenced to a period of thirty (30) months imprisonment as to count 1. Imposition of sentence is hereby suspended as to counts 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18 and the defendant is placed on probation for a period of three (3) years to run consecutive with the sentence imposed in count 1 including parole or supervised time. The defendant shall pay restitution in the amount of \$16,950.00 and restitution is to be made to those persons contained in exhibit #13 of the affidavit filed 9-22-89 thereon, and the amounts reflected in exhibit #13 with the exception of #2 - Joseph and Linda Barnum who shall be paid not more than \$2,000.00. The restitution shall be paid in no less than 3 equal annual installments during the period of probation and the government shall see that the victims will be reimbursed proportionate to the amount of their loss by virtue of installment payments. No interest is to accrue on the restitution.

* The defendant has been granted leave to report to the institution designated by the Bureau of Prison as notified by the Clerk's Office.

In addition to any conditions of probation imposed above, IT IS ORDERED that the conditions of probation set out on the reverse of this judgment are imposed.

CONDITIONS OF PROBATION

Where probation has been ordered the defendant shall:

- (1) refrain from violation of any law (federal, state, and local) and get in touch immediately with your probation officer if arrested or questioned by a law-enforcement officer;
- (2) associate only with law-abiding persons and maintain reasonable hours;
- (3) work regularly at a lawful occupation and support your legal dependents, if any, to the best of your ability. (When out of work notify your probation officer at once, and consult him prior to job changes);
- (4) not leave the judicial district without permission of the probation officer;
- (5) notify your probation officer immediately of any changes in your place of residence;
- (6) follow the probation officer's instructions and report as directed.

The court may change the conditions of probation, reduce or extend the period of probation, and at any time during the probation period or within the maximum probation period of 5 years permitted by law, may issue a warrant and revoke probation for a violation occurring during the probation period.

IT IS FURTHER ORDERED that the defendant shall pay a total special assessment of \$ 700.00 pursuant to Title 18, U.S.C. Section 3013 for count(s) 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18 as follows:

\$50.00 as to each of the above counts to be paid immediately.

IT IS FURTHER ORDERED THAT counts 2, 4, 12 and 17 are DISMISSED on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall pay to the United States attorney for this district any amount imposed as a fine, restitution or special assessment. The defendant shall pay to the clerk of the court any amount imposed as a cost of prosecution. Until all fines, restitution, special assessments and costs are fully paid, the defendant shall immediately notify the United States attorney for this district of any change in name and address.

IT IS FURTHER ORDERED that the clerk of the court deliver a certified copy of this judgment to the United States marshal of this district.

☐ The Court orders commitment to the custody of the Attorney General and recommends:

September 22, 1989

Date of Imposition of Sentence

Signature of Judicial Officer

Jerome Turner, U.S. District Judge

Name and Title of Judicial Officer

11-15-89

Date

Approved:

AUSA

RETURN

I have executed this Judgment as follows:

Defendant delivered on _____ to _____ at _____ Date

_____, the institution designated by the Attorney General, with a certified copy of this Judgment in a Criminal Case.

United States Marshal

By _____
Deputy Marshal

Name: BARNES, JERRY

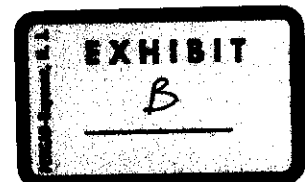
Caseno: 2:89cr20025-1

Last reviewed on 2004-11-03 by Daria.

	Judgment	Paid	Balance
Special Assessment	700.00	0.00	700.00
Restitution	16950.00	11299.98	5650.02
Fine	0.00	0.00	0.00
Total	17650.00	11299.98	6350.02

[View payment history](#)Select a printer: [Print payment history](#)**List of victims:**

AGNES, CHARLES AND PATSY (\$1400.00): [View payments](#)
BARHAM, JOSEPH AND LINDA (\$2000.00 on hold): [View payments](#)
CATO, JAMES AND MARY (\$1450.00): [View payments](#)
HARRISON, EDDIE (\$1450.00): [View payments](#)
HUCKABY, BOYD (\$700.00 on hold): [View payments](#)
LEATH, BETTY J (\$950.00): [View payments](#)
LEVAN, WILLIAM AND ANN (\$1900.00): [View payments](#)
LOPP, MITCHEL (\$750.00 on hold): [View payments](#)
MARTIN, THOMAS (\$1450.00): [View payments](#)
MAYFIELD, SHIRLEY (\$950.00): [View payments](#)
QUILLEN, AUSTIN AND PAULA (\$1000.00): [View payments](#)
TIPLER, DONNIE (\$1700.00 on hold): [View payments](#)
WOODS, EARNEST (\$1250.00): [View payments](#)

Mark as reviewedReviewer: Password: [Mark as reviewed](#)**Add or change comment**Comment changed by: Password: [Add comment](#)[Return to search screen](#)

Victim name: LOPP, MITCHEL
Victim address: ROUTE 4, BOX 392
LAWRENCEBURG, TN 38464

Case number: 2:89cr20025-1
Debtor name: JERRY BARNES
Total owed: 750.00

Voucher Number	Date	Amount Paid
5010502/106	2005-01-05	500.00
sf1098,7650700194_1	2005-04-12	-500.00
Total:		0.00



United States Treasury ¹⁵⁻⁸¹000 U.S. DISTRICT COURT MEMPHIS, TN 4676-00176942

01 18 05 89-20025; JERRY BARNES Check No. 00176942

Pay to the order of MITCHEL LOPP
ROUTE 4, BOX 392
LAWRENCEBURG, TN 38464 \$*****500*00

VOID AFTER ONE YEAR

REF. NO. *[Signature]*
DISBURSING OFFICER

46761 000000518 001769427

To Whom it May Concern,

I recieved this check made out to
my late husband Mitchel Sofft, My
Grand-daughter Jordra Parker (931X766-2821)
called to find out what to do with it,
whether to send it back or if I was
entitled to cash it. No one let us know,
So I am sending it back to you. If you
determine I am entitled to it please send it
back or make out one in my name.

I have enclosed his death certificate.

Thank You

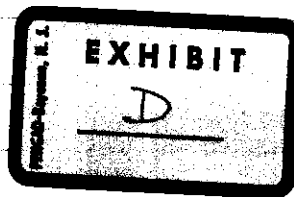
Mamie Sofft

343 Waterloo Rd

Lawrenceburg In. 38464

If you need to contact me call number above.

It is my Granddaughters number.





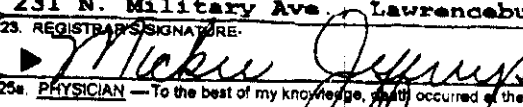
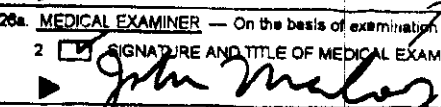
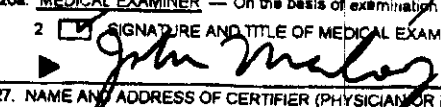
**MAURY COUNTY
DEPARTMENT OF HEALTH**
100 BLYTHEWOOD DRIVE
COLUMBIA, TENNESSEE 38401

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

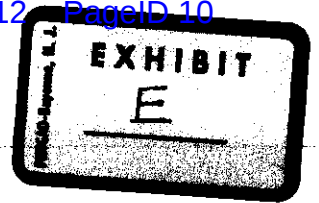
TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) John Mitchell Lopp				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 25, 2001	
4. SOCIAL SECURITY NUMBER (of Decedent) 410-36-2278		5a. AGE - LAST BIRTHDAY (Years) 88		5b. UNDER 1 YEAR MOB DAYS		5c. UNDER 1 DAY HOURS MIN	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Lawrence County, TN		8. DATE OF BIRTH (Month, Day, Year) May 7, 1912			
9a. PLACE OF DEATH (Check only one) 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Maury Regional Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Columbia		9d. COUNTY OF DEATH Maury	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mamie Guin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tow Motor Operator		12b. KIND OF BUSINESS/INDUSTRY Bicycle Manufacturer	
13a. RESIDENCE—STATE TN		13b. COUNTY Lawrence		13c. CITY, TOWN OR LOCATION Lawrenceburg		13d. STREET AND NUMBER OR RURAL LOCATION 343 Waterloo Rd.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38464		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 3							
17. FATHER'S NAME (First, Middle, Last) Charlie Lopp				18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosie Griggs			
19a. INFORMANT'S NAME (Type/Print) Carl Lopp		19b. RELATIONSHIP TO DECEASED Son		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 Purcell Rd., Leoma, TN 38468			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lopp Cemetery		20c. LOCATION—City or Town, State Lawrence County TN			
21a. SIGNATURE OF FUNERAL DIRECTOR 		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4490		21c. SIGNATURE OF EMBALMER 		21d. LICENSE NUMBER OF EMBALMER 5251	
22a. NAME AND ADDRESS OF FUNERAL HOME Neal Funeral Home 231 N. Military Ave., Lawrenceburg, TN 38464				22b. LICENSE NUMBER OF FUNERAL HOME 36			
23. REGISTRAR'S SIGNATURE 				24. DATE FILED (Month, Day, Year) March 6, 2001			
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN 							
25b. LICENSE NUMBER TN 19617				25c. DATE SIGNED (Month, Day, Year) 2-28-01			
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER 							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401							
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Anterior MI DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death 5 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF):					
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes	
31d. DESCRIBE HOW INJURY OCCURRED							

PHYSICIAN OR MEDICAL EXAMINER EXAMINING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE



Beria White,

I spoke with Mrs. White over the phone on the matter of a \$500.00 check made out to Mitchell Goff for a class action suite on odometer tampering. This is the information she ask for; Mamie Goff to reissue the check.

343 Waterford Rd

Lawrenceburg TN 38464

If you need anything else or need to speak to me please call Sandra Parker (931) 766-2821
Thank you

**MAURY COUNTY
DEPARTMENT OF HEALTH
100 BLYTHEWOOD DRIVE
COLUMBIA, TENNESSEE 38401**

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) John Mitchell Lopp				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 25, 2001	
4. SOCIAL SECURITY NUMBER (of Decedent) 410-36-2278		5a. AGE—LAST BIRTHDAY (Years) 88		5b. UNDER 1 YEAR MOS _____ DAYS _____		5c. UNDER 1 DAY HOURS _____ MIN _____	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Lawrence County, TN		8. DATE OF BIRTH (Month, Day, Year) May 7, 1912		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Maury Regional Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Columbia		9d. COUNTY OF DEATH Maury			
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mamie Guin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tow Motor Operator		12b. KIND OF BUSINESS/INDUSTRY Bicycle Manufacturer	
13a. RESIDENCE—STATE TN		13b. COUNTY Lawrence		13c. CITY, TOWN OR LOCATION Lawrenceburg		13d. STREET AND NUMBER OR RURAL LOCATION 343 Waterloo Rd.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38464		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 3		17. FATHER'S NAME (First, Middle, Last) Charlie Lopp					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosie Griggs						19a. INFORMANT'S NAME (Type/Print) Carl Lopp	
19b. RELATIONSHIP TO DECEASED Son						19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 Purcell Rd., Leoma, TN 38468	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lopp Cemetery		20c. LOCATION—City or Town, State Lawrence County TN			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>David Neal</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4490		21c. SIGNATURE OF EMBALMER <i>Stacy</i>		21d. LICENSE NUMBER OF EMBALMER 5251	
22a. NAME AND ADDRESS OF FUNERAL HOME Neal Funeral Home 231 N. Military Ave. Lawrenceburg, TN 38464						22b. LICENSE NUMBER OF FUNERAL HOME 36	
23. REGISTRAR'S SIGNATURE <i>Mark J. Jerns</i>						24. DATE FILED (Month, Day, Year) March 6, 2001	
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>John Maloof</i>						25b. LICENSE NUMBER TN 19617	
25c. DATE SIGNED (Month, Day, Year) 2-28-01						26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>John Maloof</i>	
26b. LICENSE NUMBER TN 19617						26c. DATE SIGNED (Month, Day, Year) 2-28-01	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401							
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Arterial MI DUE TO (OR AS A CONSEQUENCE OF): b. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							Approximate Interval Between Onset and Death 5 days
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE WITHIN 48 HOURS.



Notice of Distribution

This notice confirms a copy of the document docketed as number 33 in case 2:89-CR-20025 was distributed by fax, mail, or direct printing on June 22, 2005 to the parties listed.

Terrell L. Harris
U.S. ATTORNEY'S OFFICE
167 N. Main St.
Ste. 800
Memphis, TN 38103

Honorable Jon McCalla
US DISTRICT COURT